

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595656

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.	←	←	←	←	←	←	←
TOTAL CLAIMS		↓	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.		↓	2	↓		↓	
TOTAL DEP.	←	←	←	←	←	←	←
TOTAL CLAIMS		↓	↓	↓	↓	↓	↓